

**SOCIAL INCOME TAX DECLARATION
FOR ELECTRONIC FILING**

WV-8453

Rev. 09/2020

Period beginning (MM/DD/YYYY) 01/01/2020	Period ending (MM/DD/YYYY) 12/31/2020	
Your first name and middle initial CHARLES E	Last Name LEGG	Your Social Security Number [REDACTED]-7093
If a joint return, spouse's first name and middle initial KRISTEN N	Last name, if different NAYLOR	Spouse's Social Security Number [REDACTED]-4517
Home Address (number and street) 98 JACKSON STREET	Daytime telephone number ([REDACTED]) 323-5911	
City, town or post office, state and ZIP code GAULEY BRIDGE WV 25085		

Part I**Tax Return Information (whole dollars only)**

1. Federal Adjusted Gross Income	1	46,544
2. West Virginia Income Tax	2	1,509
3. Balance Due	3	
4. Refund	4	296

Part II**Direct Deposit or Electronic Funds Withdrawal**

5. Routing transit number (RTN)	[REDACTED]	The first two numbers of the RTN must be 01 through 12 or 21 through 32
6. Depositor account number (DAN)	[REDACTED]	
7. <input type="checkbox"/> Electronic Funds Withdrawal (Checking only; No Partial Payments)		
8. Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings (Direct Deposit Only)	

Part III**Declaration of Taxpayer**

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the appointment of the other spouse as an agent to receive the refund or authorize the electronic debit.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amount described in Part I above agree with the amounts shown on the corresponding lines of my West Virginia income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the West Virginia State Tax Department, upon request by the Department. If I have filed a joint federal and state return, I understand that, if there is an error on either return, my state return will be rejected. If the processing of my return or refund is delayed, I authorize the State Tax Department to disclose my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Please ►

Sign Here

Your signature

02-04-21 ►

Date

Spouse's signature

02-04-21

Date

Part IV**Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form WV-8453 before submitting this return to the State Tax Department, have provided the taxpayer a copy of all forms and information to be filed with the West Virginia State Tax Department, and have followed all other requirements described in the West Virginia Handbook for Electronic Filers of Individual Income Tax Returns. If I am also the Paid Preparer, under penalty of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

► ERO's Signature	BARBARA GRAY	Date 2/4/2021	Check if: <input checked="" type="checkbox"/> Paid Preparer <input type="checkbox"/> Self-Employed	Your PTIN/SSN [REDACTED]
► Firm Name (or yours, if self-employed) and address	[REDACTED] R BLOCK 92 MICHIGAN AVE [REDACTED]	Phone # [REDACTED]	El No. [REDACTED]	
		WV	Zip Code 25186	

ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only	► Preparer's Signature	BARBARA GRAY	Date 2/4/2021	Check if: <input type="checkbox"/> Self-Employed	Your PTIN/SSN
				Phone #	El No.
					Zip Code

NOTE: Part IV of this form MUST be completed in full as required.

ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

Department of the Treasury
Internal Revenue Service► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

CHARLES E LEGG

Social security number

Spouse's name

KRISTEN N NAYLOR

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	46,544
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,511
4 Amount you want refunded to you	4	7,732
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

 I authorize H AND R BLOCK

to enter or generate my PIN

as my

ERO firm name
signature on the income tax return (original or amended) I am now authorizing.Enter five digits, but
don't enter all zeros I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Your signature ► 

Date ► 2/4/2021

Spouse's PIN: check one box only

 I authorize H AND R BLOCK

to enter or generate my PIN

as my

ERO firm name
signature on the income tax return (original or amended) I am now authorizing.Enter five digits, but
don't enter all zeros I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Spouse's signature ► 

Date ► 2/4/2021

Practitioner PIN Method Returns Only — continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► BARBARA GRAY

Date ► 2/4/2021

ERO Must Retain This Form — See Instructions**Don't Submit This Form to the IRS Unless Requested To Do So**

CHARLES E. LEGG AND RAVISON IN NAILOR

	Keep for Your Records		
	Current 2020	Adjustments 2021	Estimated 2021
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income			
Tax	21,744	-300	21,444
Schedule 2 - Taxes	2,212	-36	2,176
Alternative minimum tax			
Excess advance premium tax credit repayment			
Tax rate			
CREDITS:			
Child and other dependents tax credit			
Schedule 3 - Nonrefundable Credits	2,212		2,212
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	2,212		2,212
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Health Care (Individual Responsibility) (repealed after 2018)			
Other taxes			Not Applicable
Total other taxes			
PAYMENTS:			
Federal income tax withheld			
Earned income credit	4,511		4,511
Additional child tax credit	1,433		1,433
Schedule 3 - Refundable Credits and Payments	1,788		1,788
Estimated payments			
American opportunity credit			
ACA premium tax credit			
Other payments			
Total payments	7,732		7,732
AMOUNT DUE / REFUND:			
Amount overpaid	7,732		7,732
Overpayment applied to next year			
Refund	7,732		7,732
Amount due			

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2020 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2020 tax return prepared using the actual 2020 tax forms issued by the Internal Revenue Service and your actual 2020 source documents.

ADDITIONAL DISCLOSURES:

SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2020 WITHHOLDING IS BEING USED TO CALCULATE THE 2021 ESTIMATED TAX REFUND OR BALANCE DUE. BEGINNING IN JANUARY 2021 THE IRS HAS CHANGED THE WAY W4 SHOULD BE PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING. ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW FORMAT.

CHARLES E. LEGG AND KRISTEN N. NAYLOR

	Current 2020	Adjustments 2021	Keep for Your Records Estimated 2021
Filing status	MFJ		MFJ
INCOME:			
Wages, salaries, tips, etc.	46,544		46,544
Interest income			
Ordinary dividend income (excluding Qualified Dividends)			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D) (including Qual Dividends)			
Schedule 1 Income			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2020			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	46,544		46,544
ADJUSTMENTS:			
Schedule 1 Adjustments			
Educator expenses			
Certain business expenses of reservists, performing artist, and fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified moving expenses			
Deductible part of self-employment tax (Schedule SE)			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2020			
IRA deduction			
Student loan interest deduction			
Other adjustments			
Total adjustments	46,544		46,544
ADJUSTED GROSS INCOME:			
	46,544		46,544
DEDUCTIONS:			
Standard deduction	24,800	300	25,100
Itemized deductions			
Medical and dental expenses			
Sales, income, and other taxes paid	1,805		1,805
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Total itemized deductions	1,805		1,805
Deduction actually claimed	24,800	300	25,100
Qualified business income deduction			

Form W-2 Wage and Tax Statement		2020	
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.			
OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service			
1 Wages, tips, other compensation 2862.81	2 Federal income tax withheld 58.18		
3 Social security wages 2862.81	4 Social security tax withheld 177.47		
5 Medicare wages and tips 2862.81	6 Medicare tax withheld 41.52		
b Employer identification number 55-0548701			
c Employer's name, address, and ZIP code LITTLE GENERAL STORE INC. P. O. BOX 968 BECKLEY WV 25802-0968			
a Employee's social security number [REDACTED]-4517	d Control number		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13	Statutory employee	Retirement plan
e Employee's name, address, and ZIP code KRISTEN NAYLOR PO BOX 725 GAULEY BRIDGE, WV 25085			Suff.
15 State WV	Employer's state ID number [REDACTED]	16 State wages, tips, etc. 2862.81	
17 State income tax 103.00	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Department of the Treasury - Internal Revenue Service		
d Control number	1 Wages, tips, other compensation	2 Federal Income tax withheld
21011	41573.39	4453.23
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	43707.47	2709.86
	5 Medicare wages and tips	6 Medicare tax withheld
	43707.47	633.76

c Employer's name, address, and ZIP code

STATE OF WEST VIRGINIA
1900 KANAWHA BLVD EAST
CHARLESTON WV 25305

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 12180.00
12b	12c	12d

b Employer identification number (EIN)

[REDACTED]

a Employee's social security number

220-00-0000

13 Statutory employee **Retirement plan** **Third-party
rec'd pay** **14 Other**

RETIREMENT

2134.08

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 12180.00
12b	12c	12d

b Employer identification number (EIN)

[REDACTED]

a Employee's social security number

220-00-0000

13 Statutory employee **Retirement plan** **Third-party
rec'd pay** **14 Other**

RETIREMENT

2134.08

e Employee's name, address and ZIP code

CHARLES E LEGG
PO BOX 725

GAULEY BRIDGE WV 25085

This information is being furnished to the Internal Revenue Services. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **15 State** **Employer's state ID number**
W-2 **WV** **[REDACTED]**

16 State wages, tips, etc.
41573.39
0.00

Wage and Tax Statement

2020

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of
Copy B)

e Employee's name, address and ZIP code
CHARLES E LEGG
PO BOX 725
GAULEY BRIDGE WV 25085

Form **15 State** **Employer's state ID number**
W-2 **WV** **[REDACTED]**

16 State wages, tips, etc.
41573.39
0.00

Wage and Tax Statement

2020

Copy B To Be Filed With Employee's
FEDERAL TAX RETURN. This information
is being furnished to the Internal Revenue
Service.

17 State income tax
1649.89
0.00

18 Local wages, tips, etc.
0.00
0.00

17 State income tax
1649.89
0.00

18 Local wages, tips, etc.
0.00
0.00

19 Local income tax
0.00
0.00

20 Locality name

19 Local income tax
0.00
0.00

20 Locality name

c Employer's name, address, and ZIP code

STATE OF WEST VIRGINIA
1900 KANAWHA BLVD EAST
CHARLESTON WV 25305

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 12180.00
12b	12c	12d

b Employer identification number (EIN)

[REDACTED]

a Employee's social security number

220-00-0000

13 Statutory employee **Retirement plan** **Third-party
rec'd pay** **14 Other**

RETIREMENT

2134.08

c Employer's name, address and ZIP code

STATE OF WEST VIRGINIA
1900 KANAWHA BLVD EAST
CHARLESTON WV 25305

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 12180.00
12b	12c	12d

b Employer identification number (EIN)

[REDACTED]

a Employee's social security number

220-00-0000

13 Statutory employee **Retirement plan** **Third-party
rec'd pay** **14 Other**

RETIREMENT

2134.08

e Employee's name, address and ZIP code

CHARLES E LEGG
PO BOX 725

GAULEY BRIDGE WV 25085

Form 15 State Employer's state ID number W-2 WV [REDACTED]	16 State wages, tips, etc. 41573.39 0.00
17 State income tax 1649.89 0.00	18 Local wages, tips, etc. 0.00 0.00
19 Local income tax 0.00	20 Locality name

Copy 2 To Be Filed With Employee's
State, City, or Local Income Tax Return

Form 15 State Employer's state ID number W-2 WV [REDACTED]	16 State wages, tips, etc. 41573.39 0.00
17 State income tax 1649.89 0.00	18 Local wages, tips, etc. 0.00 0.00
19 Local income tax 0.00	20 Locality name

Copy 2 To Be Filed With Employee's
State, City, or Local Income Tax Return

22222	Employee's social security number [REDACTED]	Copy 1—For State, City, or Local Tax Department		
OMB No. 1545-0008				
Employer identification number (EIN) 30-0907135		1 Wages, tips, other compensation 238.48	2 Federal income tax withheld 14.79	
SHREWD & MANAGEMENT LLC PO BOX 128 GLEN FERRIS WV 25090		3 Social security wages 238.48	4 Social security tax withheld 3.46	
		5 Medicare wages and tips 238.48	6 Medicare tax withheld 3.46	
		7 Social security tips	8 Allocated tips	
		9	10 Dependent care benefits	
Employee's name, address, and ZIP code KRISTEN NAYLOR PO BOX 725 GAULEY BRIDGE WV 25085		11 Nonqualified plans	12a [REDACTED]	
		13 Statutory employee plan	12b [REDACTED]	
		14 Other	12c [REDACTED]	
			12d [REDACTED]	
15 State WV	16 State wages, tips, etc. 238.48	17 State income tax 7.00	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name [REDACTED]

Form

W-2 Wage and Tax Statement

2020

Department of the Treasury - Internal Revenue Service
NTE 2583677. 0 BW21
BW2ERI